



THE CITY OF LYNCHBURG, VIRGINIA

Commissioner of the Revenue
PO Box 858
Lynchburg, Virginia 24505-0858

Return Service Requested

RETURN THIS FORM BY 08/01/2021

Fiscal Year: 07/2021 - 06/2022

2021 REAL ESTATE TAX RELIEF APPLICATION

Ensure address shows through window

**COMMISSIONER OF THE REVENUE
PO BOX 858
LYNCHBURG, VA 24505-0858**

Name and mailing address as it appears on tax bill

Applicant: _____ **Date Of Birth:** _____ **SSN:** _____
Telephone: _____ **Email:** _____
Spouse/Co-Applicant: _____ **Date Of Birth:** _____ **SSN:** _____
Telephone: _____ **Email:** _____

1. The title of the property for which relief is requested is held, partially held, or maintains life estate to the property on July 1 of the taxable year, by the person or persons requesting relief.
2. The head of the household occupying the dwelling and owning title, or partial title thereto, is sixty-five years or older or permanently and totally disabled on July 1 of the taxable year. Such dwelling must be occupied as the sole dwelling of the person requesting relief. If such person is permanently and totally disabled, attach a certification from the Social Security Administration. If such person is not eligible for Social Security, a sworn affidavit by two Virginia licensed medical doctors to the effect that such person is permanently and totally disabled.
3. If gross combined income of the applicant(s) for the preceding calendar year does not exceed \$40,000, the applicant may qualify. Gross combined income shall include income from all sources of the applicant, spouse, and relatives living in the dwelling for which relief is requested. The first \$4,000 of income of each relative other than the spouse is exempt.
4. The net combined financial worth of the applicant(s) for the preceding calendar year shall not exceed \$100,000. Net financial worth shall exclude the fair market value of the dwelling and the land, not to exceed one acre, upon which the dwelling is situated.
5. The person or persons to whom relief has been granted shall, on or before November 15, January 18, March 15, and May 16 of the tax year for which such relief was granted, present that portion of the tax which is due to the City Collector on or before the date prescribed for such tax payment. Payments not paid by such prescribed dates shall make the relief null and void.
6. Applicants must file annually by August 1, an application for real estate tax relief, with the Commissioner of the Revenue. Applications will be mailed to those who have qualified the previous year, and others may obtain an application from the Commissioner of the Revenue office or online at www.lynchburgva.gov/real-estate-tax-relief

Note: Any person or persons falsely requesting relief shall be guilty of a misdemeanor and upon conviction thereof shall be punished as provided in Section 36-175 of the City Tax Code.

**Phone (434) 455-3880 • Fax (434) 847-1842
CORTR@lynchburgva.gov • www.lynchburgva.gov/commissioner-revenue**

1. Is this residence occupied by the applicant? Yes ____ No ____

2. List the name, relation, age and social security number of all persons who occupy the residence.

Name

Relation

Age

Social Security Number

3. Please complete the gross income statement based on financial information from the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant, spouse and all persons living in the residence. You must provide documents supporting all sources of income.

| Gross Income | Applicant | Spouse | Others living in residence |
|---|-----------|--------|----------------------------|
| Gross Wages | \$ | \$ | \$ |
| Pensions | | | |
| Social Security | | | |
| Interest | | | |
| Rent | | | |
| Welfare/ Food Stamps | | | |
| Capital Gains/ Dividends | | | |
| Other Sources | | | |
| Deduct the first \$4,000 of income of each Relative living in residence | | | (-) |
| Total | \$ | \$ | \$ |

4. Please complete the statement of net financial worth based on financial information from the preceding calendar year. Net financial worth shall exclude the fair market value of the dwelling and the land, not to exceed one acre, upon which the dwelling is situated.

| NET VALUE OF ASSETS | Applicant | Spouse |
|--|-----------|--------|
| Real Estate (Other than home) | | |
| Money in Certificates, Savings, Stocks and Bonds | | |
| Checking Account(s) | | |
| Insurance (Cash Value) | | |
| Other Assets | | |
| Total | | |

5. I hereby certify that the information presented on this application is complete and accurate.

Date

Applicant(s) Signature

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ATTENTION

***** REQUIRED DOCUMENTS FOR REAL ESTATE TAX RELIEF*****

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR
COMPLETED 2021 TAX RELIEF APPLICATION:**

- **All documents supporting your household income for 2020**
Examples: W-2 from employer, 1099-DIV, 1099-INT, 1099-MISC,
1099-R, SSA-1099 from Social Security (Total Benefits Paid)
- **Copy of your December 2020 bank statements supporting all checking
accounts, savings accounts, money markets, CDs, IRAs, etc.**
- **FAILURE to provide required documentation may result in
DISQUALIFICATION of tax relief.**

**NOTE: PLEASE SUBMIT COPIES, AS ORIGINALS WILL
NOT BE RETURNED**